## Los Angeles County Sheriff's epartment Supervisor's Report on Use of Force Page 1 of 4

Incident Information URN: 0 1 6 - 0 4 1 8 9 - 6 8 8 5 - 0 5 6 Date: Time: 08/17/16 1449 hours Location: Roscoe Boulevard City or Station: Panorama City Bureau/Station/Facility: Transit Policing Division / TSB North O YES 
NO Admin. Investigation: Type of Force: Deputy Involved Shooting; Less Lethal Impact Round (Stun Bag); Control Hold Incident Category ()2 3 Deputy Injury: OYES 

NO Suspect Injury ● YES ○ NO Call Observation Detail Foot Pursuit Vehicle Pursuit IAB Notified: OYES ONO Person Notified: YES ○ NO Lt. David Grall IAB Roll Out Emp: Involved Employee Employee # Last Name Middle I. Rank DSG Davidian Arin Race: Height: Weight: Age: Shift: ○ EM ○ Day ● PM Regular Shift ( ) OT Shift ( ) Off Duty ● M ○ F 200 508 Unit of Assignment: Work Assignment (Unit #, Module, etc.): TPD / TSB North 645F Individual Force Used: Individual Category Oirected Rescue Medical Assist Control Hold; Firearm  $\bigcirc 1 \bigcirc 2$ Coroner Case # Injured Treated Admitted Facility: Last Name First Name Middle I. Rank DSG E2 Height: Race Weight: Age: Shift ○ EM ○ Day ● PM Regular Shift ( ) OT Shift ( ) Off Duty 507 185 Unit of Assignment: Work Assignment (Unit #, Module, etc.): TPD / TSB North Individual Force Used: Individual Category C Directed C Rescue C Medical Assist Less Lethal Impact Round (Stun Bag) O1 (•)2 Coroner Case # Injured Treated Admitted Facility: Employee # Last Name First Name Middle I. Rank Race: Height: Weight: Age: Shift: ○ EM ○ Day ○ PM Regular Shift OT Shift Off Duty OM OF Unit of Assignment: Work Assignment (Unit #, Module, etc.): Individual Force Used: Individual Category Directed ( Rescue ( Medical Assist O2 Coroner Case # Injured Treated Admitted Facility: On Duty Supervisor Additional Involved Employees Last Name First Name Middle I. Rank Present Witness to Incident Munoz Jose SGT J YES O NO 1 YES O NO ( Supervisor Completing Investigation Last Name Rank SGT Present Witness to Incident First Name Middle I. Hamil Jeffrey YES () NO ( YES O NO . Watch Commander / Supervising Lieutenant First Name Smitson Eric 9-24-19 Watch Commander USupervising Lieutenant's Signature: Copy Provided to Employee by: Emp #: Unit Commander (Print Name) Unit Commander's Signature: Emp #: Date DISCOVERY Use Only Original: Discovery Unit PPI REVIEW COMPLETED Copy: Unit Commander SH-R-438P (Rev. 01/13)

### Supervisor's Report on Use of Force SUSPECT INFORMATION

0 1 6 - 0 4 1 8 9 - 6 8 8 5 - 0 5 6

Page 2 of 4

	Suspect Information									
S_1	Last Name White	First Name	Middle Name	Armed? Select						
	7.44	Gerry First N	Allen	Other Middle Name Alan						
	7011	le .	Gerry	Alail						
	Sex: Race: Age:		D.O.B: Phone #1: O H O W	OC Phone #2: OHOWOC						
	Street Address:	200	City:	State & Zip Code:						
	Rooking #	harge Code: CCAIACT/-	Sacandani Charae Cade:							
	4765129	004/18/{a								
	Treated on Scene?  YES NO	Name: LAFD	Unit: Engine 7	Phone #: 818-756-8681						
	Hospital Admission? Rec'd Trealme	nt At: Providence Hol	y Cross Coroner Case #: Mental History   User's guide provides direction on this entry and St. Mission Hills, CA 91345 Phone #: 818-365-8051							
	By: LAFD Transport	Address: 15031 Rina								
	Under Influence: YES NO	Substance:	5150 a factor in	force? YES NO User's guide provides direction on this entry						
	Date: 08/24/2016 Time: 1223	Audiotape:	Videotape: Photos of Inj	uries: ADMITS HEARING ANNOUNCEMENTS						
s_	Last Name	First Name	ct Information Middle Name	Armed? Select						
	AKA Last Name	First I	łamė	Middle Name						
	Sex: Race: Age:	Height: D.O.B.	Weight: Phone #1: O H O V	V O C Phone #2: O H O W O C						
	Street Address:		City:	State & Zip Code:						
	Booking #: Primary C	harge Code:	Secondary Charge Code:	Criminal History						
	Treated on Scene? YES NO	Ву:	Unit:	Phone #:						
	Hospital Admission? Rec'd Treatme	ent At:	Coroner Case #:	Mental History User's guide provides direction on this entry						
	Ву:	Address:		Phone #:						
	Under Influence: YES NO	Substance:	5150 a factor in	force? YES NO User's guide provides direction on this entry						
	Date: Time:	Audiotape:	Videotape: Photos of Inj	juries: ADMITS HEARING ANNOUNCEMENTS						
S	Last Name	First Name	Middle Name	Armed? Select						
	AKA Last Name	First I	Name	Middle Name						
	Sex: Race: Age:	Height: D.O.B.	Weight: Phone #1: O H O V	V () C   Phone #2: () H () W () C						
	Street Address:		City:	State & Zip Code:						
	Booking #: Primary C	harge Code:	Secondary Charge Code:	Criminal History						
	Treated on Scene? YES NO	Ву:	Unit:	Phone #:						
	Hospital Admission? Rec'd Treatme	ent At:	Coroner Case #:	Mental History User's guide provides direction on this entry						
	Ву:	Address:		Phone #:						
	Under Influence: YES NO	Substance:	5150 a factor in	and the state of t						
	Date: Time:	Audiotape:	Videotape: Photos of In	juries: ADMITS HEARING						
	SN-R-438P (Rev. 01/13)			Additional Suspects Involved						

# Supervisor's Report on Use of Purce EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 6 - 0 4 1 8 9 - 6 8 8 5 - 0 5 6

Page 3 of 4

			Employee Witnesse	es				
Emp.#	Last Name	Soderlund	First Name	Christonha		Middle Na		
Unit of Assignment		Work Assignment (Unit		Christophe Ishift:	<u> </u>	4	Α.	
TPD/TS		Work Assignment (One	s, module, etc.y.		O Day  P	/ ● Reg	jular OT	Off Duty
Emp.#	Last Name		First Name			Middle Na	me	
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Unit of Assignment: TPD / TS		Work Assignment (Unit	*, Module, etc.):	Shift:	O Day  PN	A Reg	jular OT	Off Duty
Emp. #	Last Name	L	First Name		- 70	Middle Na	_	<u> </u>
		Swailes		Garrett			М.	
Unit of Assignment		Work Assignment (Unit	#, Module, etc.):	Shift:	O Day Pi	A BROOM	jular OT	O# 0+4
TPD / TS	в мони	No	n-Employee Witnes		O Day Pr	Reg	jular OOI	Oli Duly
Last Name		First Name	m-Employee witnes	Middle	Name		Age	D.O.B.
								Adult
Street Address		***	City		Zip Code	Phone #1	Phor	ne #2
Los Angeles P	olice Departm	nent Captain #	Topanga l	Division	91304	818756	4800	
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address	. Maka Bara		City		Zip Code	Phone #1	Phon	ie #2
	s Metro Bus (		Los Ang		90012	213282		
Last Name		First Name		Middle I	Name		Age	D.O.B.
Street Address			City		7:- 0-4-	Dhara did		410
Street Address			City		Zip Code	Phone #1	Phon	le #∠
Last Name		First Name		Middle I	Vame		Age	D.O.B.
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Street Address			City		Zip Code	Phone #1	Phon	e #2
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Last Name		First Name		Middle I	Name		Age	D.O.B.
Street Address	77.2301		City		Zip Code	Phone #1	Phon	e #2
Last Name		First Name		Middle N	lame		Age	D.O.B.
Street Address			City		Zip Code	Phone #1	Dhan	40
Street Address			City		Zip Code	Priorie #1	Phone	E #2
Last Name		First Name		Middle N	ame		Age	D.O.B.
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Street Address			City		Zip Code	Phone #1	Phone	e #2
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Last Name		First Name		Middle N	lame		Age	D.O.B.
Street Address			City		Zip Code	Phone #1	Phone	e #2
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Last Name		First Name		windle K	ame		Age	D.O.B.
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Street Address	5, 99	e 🛆	City		Zip Code	Phone #1	Phone	3 茶2
							A al-alia*	1 14 E4
SH-R-438P (Rev. 01/13)							Additiona	l Witness

Sapervisor's Report on Use of Porce 0 1 6 - 0 4 1 8 9 - 6 8 8 5 - 0 5 6

Page 4 of 4

#### Method

(AW)	Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
(BC)	Baton: (Control)	(FR)	Firearm (Rifle)		Resistance
(BI)	Baton: (Impact)	(FS)	Firearm (Shotgun)	(RO)	Restraint Device (Other)
(BF)	Bodily Fluids	(FO)	Firearm (Other)	(RH)	Restraint Device (Handcuffs)
(CN)		(FB)	Flashbang		Restraint Device: Hobble (Legs Only)
(CR)	Carotid Restraint	(FL)			Restraint Device: Hobble (TARP)
(CH)	Choke Hold	(OE)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
(CT)	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
$(\Pi)$	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)	(00)	Other Weapon: Other	(IR)	Less Lethal Impact Round (other)
(CE)	Chemical	(PK)	Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
(OC)	Chemical Agents (OC Spray)	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
(TG)	Chemical Agents (Tear Gas)	(PH)	Personal Weapon (Hand/Arm)	(TR)	Taser
(EX)	Explosives	(PP)	Personal Weapon (Push)	(UC)	Uncooperative
				(HR)	High Risk

Type of Injury						Body Part Involved					
(AB) Abrasion (BR) Bruise (BU) Burn (CP) Complaint of Pain (CO) Concussion (DH) Death (DI) Dislocation	(FR) (GS) (HB) (LC) (ND)	Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage	(SD) (ST) (UN) (RM)	Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious Refused Med Treatment	(AD) (AK) (AR) (BK) (BT) (CH) (EL)	Abdomen Ankle Arm Back Buttocks Chest Elbow	(FE) (FI) (GE) (GR) (HD)	Face Feet Fingers Genitals Groin Hands Head	(Hi) (EX) (LE) (LE) (NO) (SH) (VR)	Hip Internal Knees Leg Neck Nose Shoulde Wrist	

FORCE USED BY		FORCE USED AC	Method	Type of Injury	Bady Bad		
Name	E# or S#	Name	E# or S#	(Code)	(Code)	Body Part (Code)	
Davidian	E1	White	S1	CT	NN	AR	
White	S1	Davidian	E1	RS	NN	AR	
White	S1	Davidian	E1	OE	NN	CH	
Davidian	E1	White	S1	FH	GS	AD	
	E2	White	S1	ST	SD	AD	